

1042

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/510281

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3		2							2				
4		2							2				
5	1								2				
6													
7		2											
8		2											
9	1												
10		1											
11		2											
12		2											
13		2											
14		2											
15		2											
16		2											
17		2											
18		2											
19		2											
20		2											
21		0											
22	1												
23		1											
24		2											
25		2											
26		2											
27		2											
28		2											
29		2											
30		2											
31		2											
32		2											
33		2											
34		0											
35	1												
36		1											
37		1											
38		3											
39		3											
40		0											
41	1												
42		1											
43		1											
44		3											
45		3											
46		3											
47		3											
48		3											
49		3											
50	1												
TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													
51													
52		2											
53		2											
54		2											
55		2											
56	1												
57		1											
58		1											
59		3											
60		3											
61		3											
62		3											
63		3											
64		3											
65		3											
66		3											
67		3											
68		3											
69		3											
70		3											
71		3											
72		3											
73		3											
74	1												
75		1											
76		1											
77		3											
78		3											
79		3											
80		3											
81		3											
82	1												
83		1											
84		1											
85		3											
86		3											
87		3											
88		3											
89		3											
90		3											
91		3											
92		3											
93		3											
94		3											
95		3											
96	1												
97		1											
98		1											
99		3											
100		3											
TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													

20f2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/510281

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		3		1		
102		3		1		
103		3		1		
104		3		1		
105		3		1		
106		3		1		
107		3		1		
108		3		1		
109		3		1		
110		3		1		
111						
112						
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148						
149						
150						
TOTAL IND.	11	↓	12	↓		↓
TOTAL DEP.	228	←	98	←		←
TOTAL CLAIMS	239		110			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
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193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						